

UNITED STATES DISTRICT COURT

for the
Western District of Oklahoma

(1) METROPOLITAN LIFE INSURANCE)
COMPANY, a New York corporation,)

Plaintiff(s),)

v.) Case No. CIV-24-513-J

(1) SDM HOLDINGS, LLC, an Oklahoma)
Limited Liability Company; and SDM)
HOLDINGS, LLC, a Connecticut Limited)
Liability Company,)
Defendant(s).)

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

SDM Holdings, LLC c/o Robert B. Cox, Halloran & Sage LLP, Agent
One Goodwin Square
225 Asylum Street
Hertford, CT 06103-1503

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) - or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) - you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Alison M. Howard
Crowe & Dunlevy
324 N. Robinson Ave. Suite 100
Oklahoma City, OK 73102

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.



SUMMONS ISSUED:

9:17 am, May 22, 2024

JOAN KANE, CLERK

By: 

Signed and sealed by the Clerk of the Court or Deputy Clerk.

Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))*

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other *(specify):* Complaint in Interpleader were served on Defendant by Certified Mail, Return Receipt Requested, on May 28,
 2024 (See Return Receipt Attached) _____.

_____ for services, for a total of \$ 0.00.
 My fees are \$ _____ for travel and \$ _____

I declare under penalty of perjury that this information is true.

Date: June 19, 2024

/s/ Alison M. Howard

Server's signature

Alison M. Howard, OBA #19835, Attorney

Printed name and title

324 N. Robinson Avenue, Suite 100, Oklahoma City, OK 73102

Server's address

Additional information regarding attempted service, etc:

7021 2720 0000 0793 0754

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

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Extra Services & Fees (check box, add fee as appropriate)
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☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

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 \$

Total Postage and Fees
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Postmark
 MAY 22 2024
 OKLAHOMA CITY OK USPS

Sent To
 SSM Holdings % Robert Cox
 Street and Apt. No., or PO Box No.
 225 Asylum St.
 City, State, ZIP+4®
 Herford, CT 06103

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SSM Holdings, LLC
 % Robert Cox
 One Goodwin Square
 225 Asylum St Herford, CT 06103

9590 9402 7909 2234 3633 56

2. Article Number (Transfer from service label)
 7021 2720 0000 0793 0754

COMPLETE THIS SECTION ON DELIVERY

A. Signature
☒ Agent
☐ Addressee

B. Received by (Printed Name)
 Tim Delmonico

C. Date of Delivery
 5/28/24

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☒ No

3. Service Type
☐ Adult Signature
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☐ Certified Mail®
☒ Certified Mail Restricted Delivery
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☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Priority Mail Express®
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☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Mail Restricted Delivery (500)

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt